STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012936	A. BUILDING _____ B. WING _____	01/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEGATE COMMONS ASSISTED LIVING	7525 ROSEGATE DRIVE INDIANAPOLIS, IN 46237

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for an Initial State Residential Licensure Survey. Survey dates: January 7, 8, and 9, 2013 Facility number: 012936 Provider number: 012936 Aim number: N/A Survey Team: Patti Allen, BSW - TC Dinah Jones, RN Census bed type: Residential 78 Total 78 Census payor type: Other 78 Total 78 Sample: 7 Rosegate Commons Assisted Living was found to be in compliance with 410 IAC 16.2 in regard to the Initial State Residential Licensure Survey. Quality Review completed on January 14, 2013; by Kimberly Perigo, RN.	R 000		